

# **The New England Deaconess Hospital**



**. . . serving the world**

**1959**







# NEW ENGLAND DEACONESS HOSPITAL

# 1959



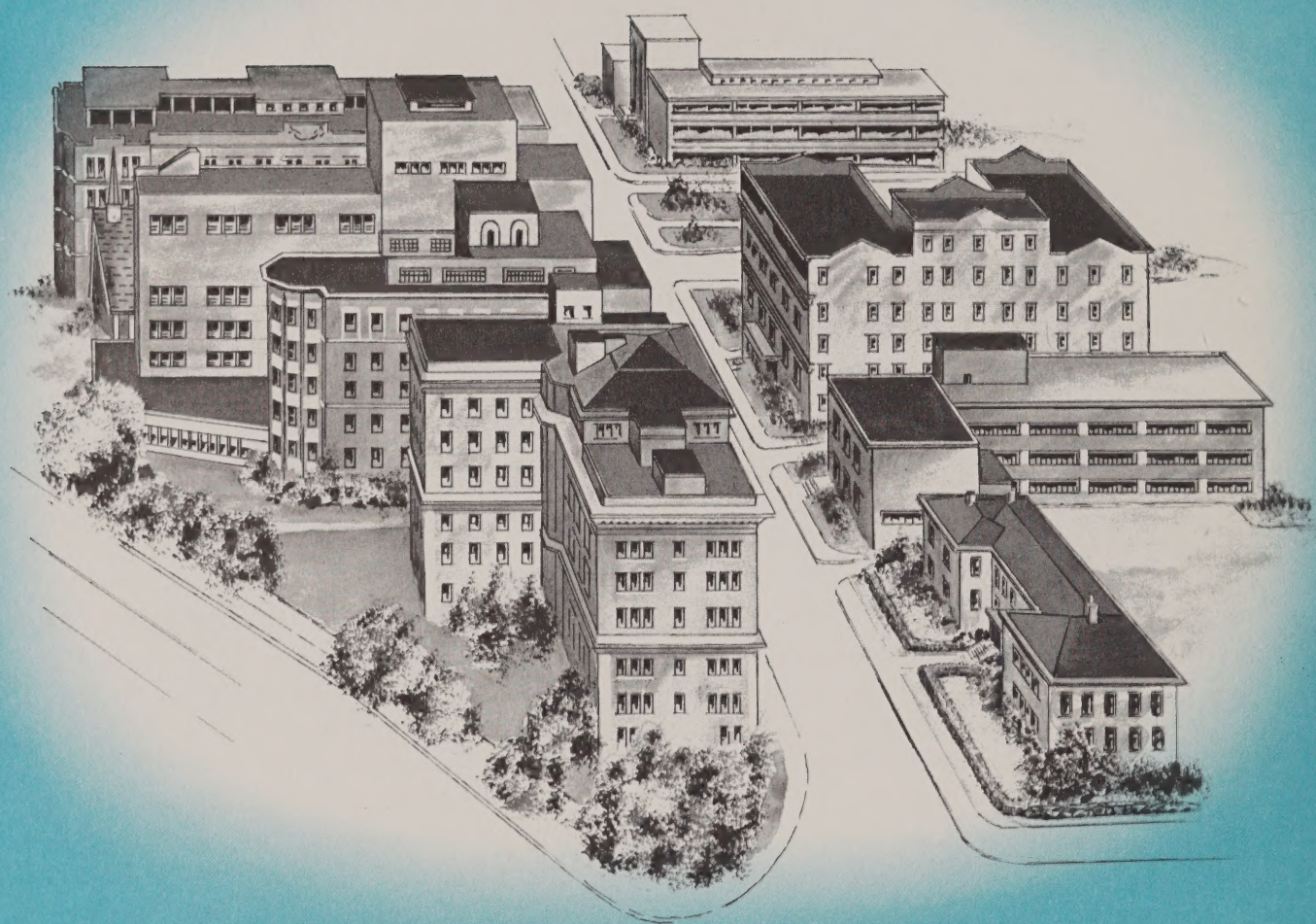
## ... serving the world

More than 10,000 patients come to the New England Deaconess Hospital each year from about 40 foreign countries and most states of the nation. Special interests and special skills also attract thousands of doctors from all over the world to observe surgical, medical and research techniques.

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**THE NEW ENGLAND DEACONESS HOSPITAL**



**T**HE type of care given at the New England Deaconess Hospital becomes more highly specialized each year. Surgical and medical specialization as practiced at our hospital creates unique financial problems and adds to the normal responsibilities held by every hospital.

We have the responsibility of acquiring items of new and expensive equipment essential to the best patient care. The more complicated the cases become, the greater the need for technical equipment adapted to their treatment. Advances in medical technology greatly benefit the doctor and the patient, but are costly. As a result our costs have continued to increase as they have at every hospital. It is obvious that inflation affects the hospital as it does every individual and institution.

Greater specialization and an increase of highly complicated cases place a heavier burden on all departments. Surgical and medical cases admitted this past year required more X-rays and laboratory work, more transfusions and intravenous therapy, and more hours of specialized nursing care. The effects of specialization are evident in the fact that we had the largest number of patient days in our history and yet there were fewer surgical cases than during the previous year. The complex nature of those cases, however, required an increase in operating hours necessary for the surgery performed.

The finest medical care often creates a financial burden for the patient. Since we accept all patients who need our specialized services without regard for their financial situation, it is necessary for us to give free care to patients from many areas in the world. And since we cannot depend upon community subscriptions to pay for this free care we depend greatly on the



## The PRESIDENT'S REPORT

generosity of our benefactors to help those in need.

Quality of patient care cannot be measured with the same mathematical accuracy as our financial position, the expansion of our physical plant, or the constant tangible changes occurring in all departments. And yet, a hospital is judged by the quality of its patient care. The relief and cure of human suffering, the gratitude expressed by patients who come from near and far, are factors by which the quality of patient care can be evaluated. Success is achieved only through teamwork and this involves any person in any way associated with our hospital.

On behalf of the Corporation I wish to express our deep appreciation to the Medical Staff, Administration, Friends of the Deaconess, department heads and all personnel of the hospital for the teamwork which is apparent to everyone who comes in contact with our organization.

Our hospital during the year of this report mourned the loss of Dr. Sara Jordan and Mr. Ray E. Speare. Dr. Jordan, long a member of the staff, a co-founder of the Lahey Clinic and world-eminent authority on gastroenterology, died at the age of 75. Mr. Speare, former treasurer of Boston University, had served as a member of the Corporation since 1937. Their devoted service will be remembered with gratitude.

A handwritten signature in blue ink that reads "Francis W. Capper".

FRANCIS W. CAPPER  
*President*





*Information . . . and a Friendly Greeting*



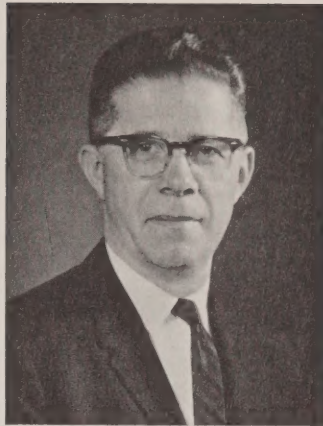
THE fiscal year 1959 ended with 113,306 patient days, a new record. The figure would have been even higher if we had been able to open Norwich House before the latter part of January. Average

daily census at the hospital for the year was 310 and the average period of hospitalization was 10.7 days. The increase in the number of patient days meant an increase of activity in all departments. Surgery had 194 fewer cases than during the previous year, but the complexity of the cases was such that more hours of operating time were required.

A Blue Cross adjustment figure of \$96,000 is listed in the financial report. This represents the difference between the hospital's cost and the amount billed to patients. We have been penalized for more than a year because our charges have been below cost. As you may know, the law specifically states that Blue Cross must pay cost or charges, whichever is lower. Most charges have been adjusted, and every effort will be made to keep charges at the same level as our expenses. Consequently we have planned for a large Blue Cross adjustment in the coming year.

The number of cases of heart catheterizations and heart surgery increased substantially. The Cardio-Pulmonary Laboratory, established about two years ago, has grown to the point where consideration may be given to organizing it as a separate department of the hospital rather than being under surgery as it is at present.

Worldwide publicity described the original and successful work performed by Drs. Adams and Watkins in parathyroid transplants. We have also had extensive publicity about our pioneering efforts in the field of ambulant care (Hospital Teaching Unit of the Joslin Clinic) and



## EXECUTIVE DIRECTOR'S REPORT

our Special Care Unit which provides special nursing care at less than one-half the cost of three special nurses. Much attention has been focused on the special unit for shock therapy. Norwich House, now used for this purpose, has thus far been successful from both the medical and financial standpoints. Daily hospital service charges are lower in both the Hospital Teaching Unit and Norwich House than in the remainder of the hospital. I would like to quote from an editorial in a recent medical publication:

"The New England Deaconess Hospital was among the first, if not the first, in Boston to effect substantial savings to patients through the establishment of special care units. Two years ago the Hospital Teaching Unit of the Diabetes Foundation was established and in January of this year a new reduced cost unit was opened in the former Channing Home (Norwich House). As they grapple with the problem of ever-increasing costs more hospitals will undoubtedly follow the example of hospitals with graded patient care."

During the year we refurnished all of the Palmer solarium. We are in the process of remodelling and refurnishing a part of the first floor of Harris Hall. The employees' Health Clinic is being re-located on the first floor of the Cancer Research Institute.

Through the generosity of the friends and associates of the late Dr. Gilbert Horrax, the "Gilbert Horrax Memorial Library" was established recently in the



Deaconess Building as an attractive and modern medical library.

New Maintenance Department shops are completed and are the finest to be found in any hospital in New England. The last of the equipment is being relocated and installed in our new modern laundry. Increased efficiency of the new shops and laundry will save many thousands of dollars in the years ahead. Financing of this project has gone as planned and we will begin repaying on the principal of our mortgage in the last quarter of 1960.

Much of the work involved in renovating the Autumn Street apartments has been completed and there is a high rate of occupancy. A satisfactory financial return on this investment of our endowment funds is anticipated for the coming year.

A pension plan for all employees who are at least 30 years of age and who have been with the hospital for three years was put into effect on October 1. Past service of approximately \$400,000 is being paid for by the hospital, and participation for future service is on a contributory basis. The establishment of a pension plan was enthusiastically received by our employees and 93 per cent of those eligible have joined. We continue to improve our personnel policies and are upgrading salaries as rapidly as possible.

The increase in salaries and other operating expenses and the new pension plan made it necessary to increase rates on October 1. This was the first general rate advance in 27 months.

It is impossible to list all the ways in which the Friends of the Deaconess have helped our hospital. We are indebted to them for assisting in the renovation of Harris Hall and with one of the largest projects now being completed — the installation of a new oxygen system which provides piped oxygen throughout the hospital. For many years we have had to keep our cafeteria open at night to provide

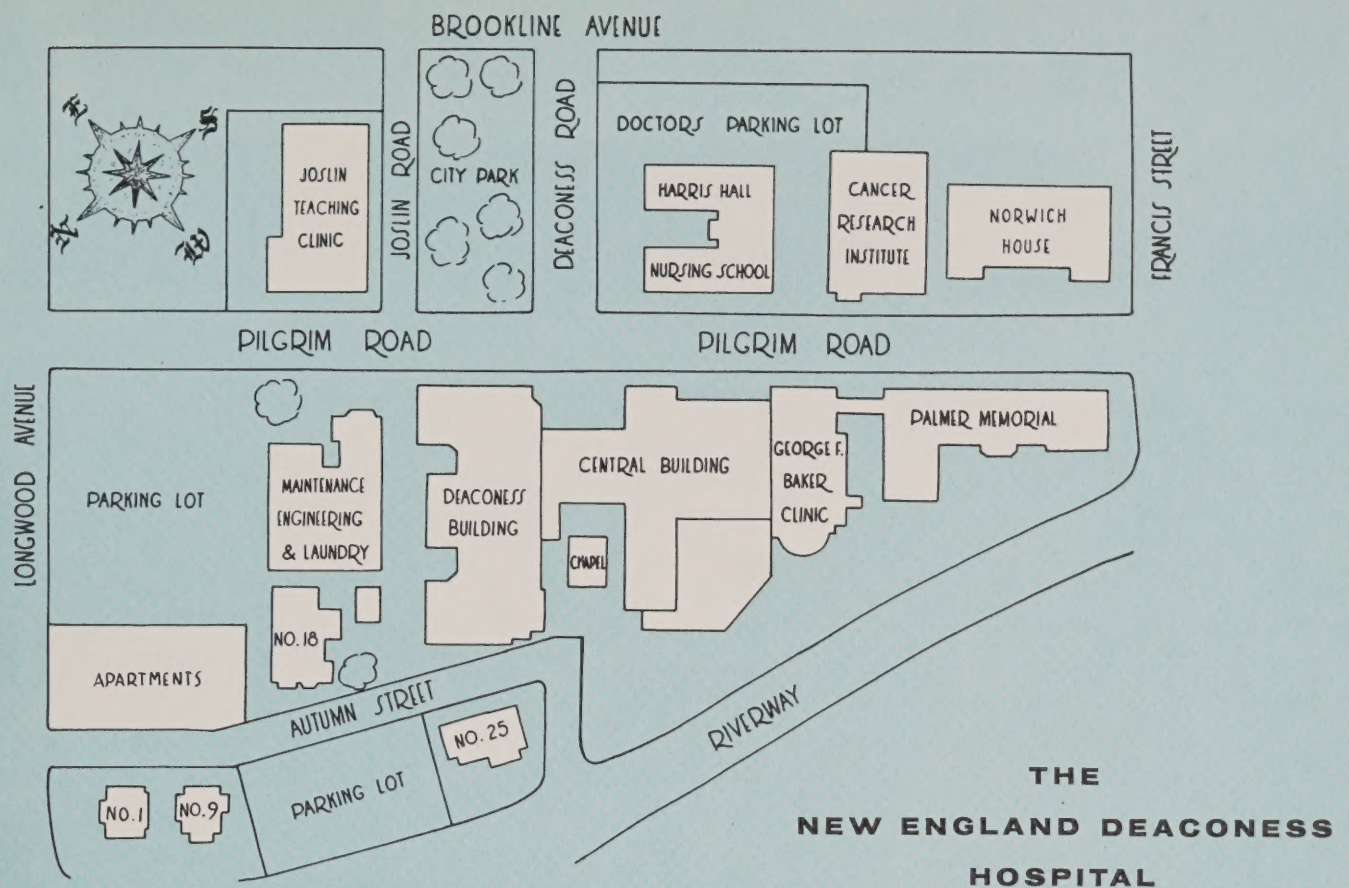
for the relatively small number of employees on duty. Again, the Friends have assisted us by opening the Coffee Shop from 10 P.M. to 4 A.M. They have purchased many items of equipment. Without their assistance many long-needed projects would have to be delayed. We are deeply grateful to them.

With each passing day there are new developments in the field of medicine. With these developments the illnesses of patients are being diagnosed more promptly. You have but to look at the longevity table to see what prompt action in the field of medical care has meant to the health of our nation.

Much has been accomplished, but we still have numerous problems to solve. The tremendous increase in activity in our laboratories has rendered the present facilities in Palmer Building inadequate. One of the most urgent problems is to find additional space for this department. A major project now being considered is the possible establishment of a large radiation center here at the Deaconess. We must, as soon as possible, add five or six floors to the Central Building and use the present patient areas in the Deaconess for other purposes. We must give serious consideration to the construction of a medical office building and a large parking facility. Feasibility of these projects should be considered during the coming year.

Combined efforts of trustees, medical staff, department heads and administration are required to solve our numerous problems. We are deeply grateful for the wonderful cooperation of our trustees and their executive committee. Our president, Mr. Francis Capper, and our treasurer, Mr. Henry Rogerson, keep themselves fully informed of our operations and maintain a close watch over our plans and the use of our funds. Few realize how much time they willingly give to the hospital. The budget committee, headed by Mr. John Barnard, with Mr. Theodore Koch





and Mr. Henry Rogerson, meets regularly to join in a review of our budgets and to do some crystal gazing in an attempt to predict and plan for the months ahead. The executive committee meets each month to receive our reports. Administration is deeply grateful for the excellent co-operation we receive from the medical staff.

Last and most important from my point of view are the ones who actively run the hospital — the department heads. There was one change this year. Our comptroller left to accept a job in Fort Lauderdale, Fla. We were most fortunate to obtain as his successor Mr. Richard Lee, C.P.A. It is interesting to note that our 21 major department heads have a combined record of service in hospitals totalling 430 years, of which 305 years have been spent at the Deaconess. This is a most unusual record . . . this is a most unusual and capable

group. Each contributes in his own specialized way toward the efficiency of our hospital.

In closing I would like to express my deep appreciation to Associate Director Wesley D. Sprague, who so competently shares with me the responsibilities of administration of our organization. Without his assistance, many of our achievements of this past year would have been impossible.

The New England Deaconess Hospital's 64th year of service has now been completed. Everyone associated with "The Deaconess" can justifiably take personal pride in the part he or she played in making it a year worthy of our reputation.

R. D. LOWRY  
Executive Director



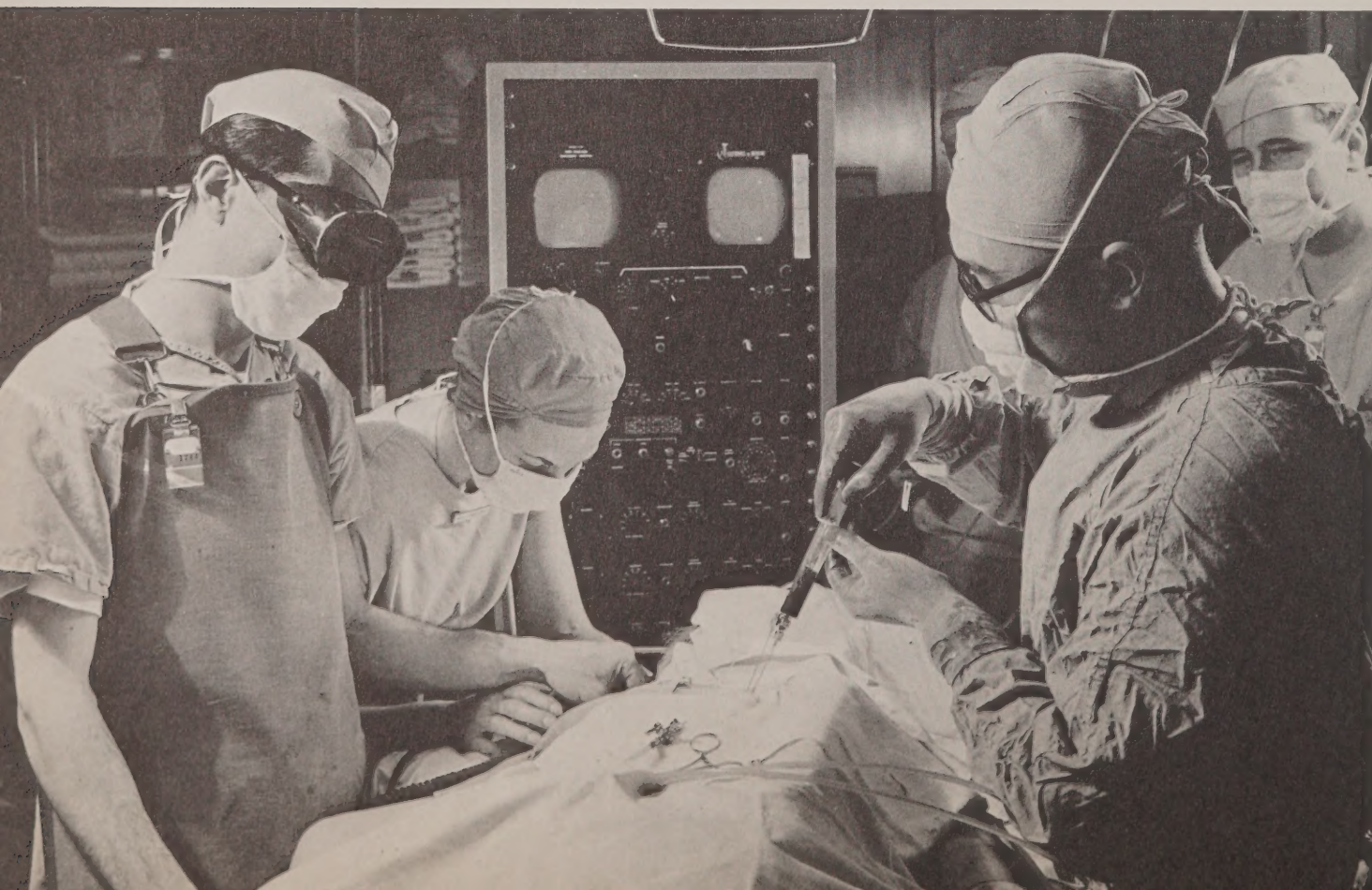
## ANNUAL REPORT OF THE MEDICAL STAFF

THE modern practice of medicine is undergoing changes at an ever-accelerating pace. New drugs, new diagnostic and surgical procedures and new concepts regarding disease processes necessitate continual re-evaluations in the medical approach to the patient. Additional impetus to change is a redistribution of the proportions in which various diseases are now encountered. For example, tuberculosis, the number one cause of death at the turn of the century, has been relegated in recent years to a position of much lesser importance, having been superseded by heart disease, cancer and many others. All these changes are greatly magnified at the Deaconess Hospital because of the high concentration of patients with particularly difficult diagnostic and treatment problems.

A greater integration of medical staff efforts is a definite trend in the hospital and is evident in many areas. One illustration is the increased number of conferences, such as tumor board and clinico-pathologic conferences, in which the entire staff participates. The General Medical and General Surgical Services each hold a breakfast meeting monthly at which time problems related to these divisions are discussed; representation of the administration, laboratory and X-ray departments creates better liaison between all services.

An active committee on infections, made up of representative members of the staff, continually reviews new methods of preventing and controlling infections both in the operating room and on all hospital

*Cardio-Pulmonary Laboratory*







*Recovery Room . . . Concentrated Care after Surgery*

*Bacteriology Laboratory . . . Cultures for Antibiotic Sensitivity Tests*





wards. A similar committee is concerned with evaluation and usage of the many new drugs being introduced to combat diseases of all types.

One of the best examples of staff integration is the hospital residency training program which has expanded so that at the present time there are 40 residents in the various services. A staff advisory committee meets at frequent intervals and is concerned with methods of integrating and improving the total program to the benefit of the resident doctors, the medical staff and most important, the care of the patients. In the medical residency program the residents rotate through the Joslin, Lahey and General Medical Services in a highly successful cooperative staff effort. A similar unification of residents and fellows is present in the Cardio-Pulmonary Laboratory.

With the continual changes in the practice of medicine, there has been a demand and a necessity for increased assistance from the laboratory and X-ray departments. The work load has increased 10% in the X-ray department during the past year and 60% in the laboratories during

the past three years. The percentage increase actually represents only a part of the added load, inasmuch as a high proportion of the procedures are increasingly of a complicated and time-consuming nature. Many tests which were of a research type only a few years ago are now ordered as routinely as a blood count.

This does not mean that older procedures have been discarded — for example, during the past year 64,743 blood sugar examinations were performed! The difficulty of maintaining high efficiency and accuracy during a period of rapidly increasing work load and the continuous development of new procedures is not always appreciated. One of the problems, for example, concerns the constant addition and training of X-ray and laboratory technicians. One solution has been to turn to new (often expensive!) equipment, and to mechanization wherever possible.

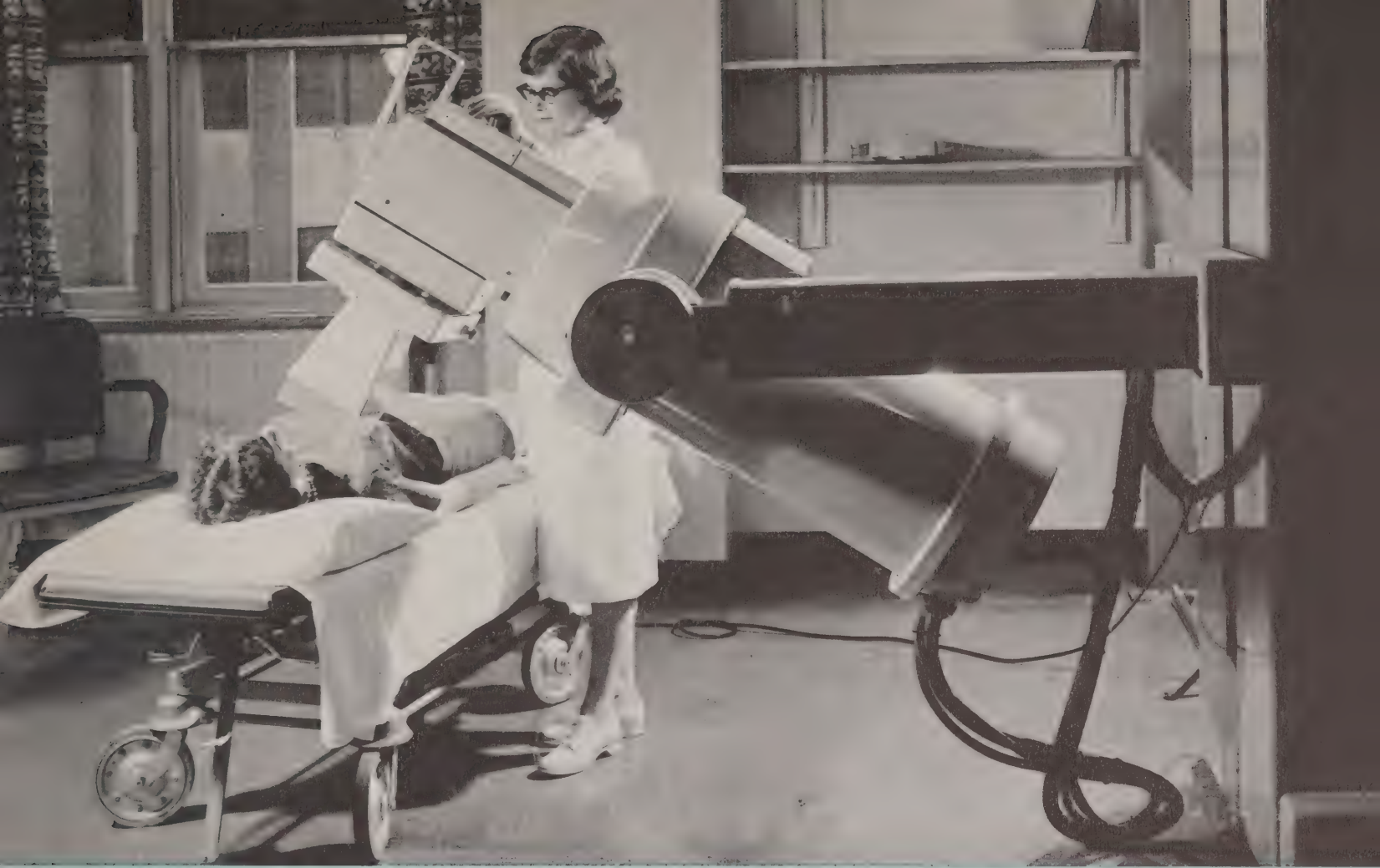
In the X-ray department, the oldest combination radiographic and fluoroscopic unit has been dismantled and replaced by a more modern unit which includes image amplification and a Ciné camera. The new unit cost more than three times as much as its predecessor but will lead to a greater accuracy of diagnosis and a lesser amount of radiation to the patient. In the laboratories the use of four automatic tissue processors every night assists with the technical preparation of slides from surgical specimens; blood counts are now performed by a device known as the "Coulter counter," saving valuable technical time; the "autoanalyzer" is capable of rapidly and accurately determining, with minimal assistance from a technician, the amount of various substances, such as sugar, in samples of blood.

Of tremendous assistance to the Medical Staff in the process of "keeping-up" has been the opening of the Horrax Memorial Medical Library on the first floor of the Deaconess building. This well-

*Cancer Research . . . Irradiation Test*





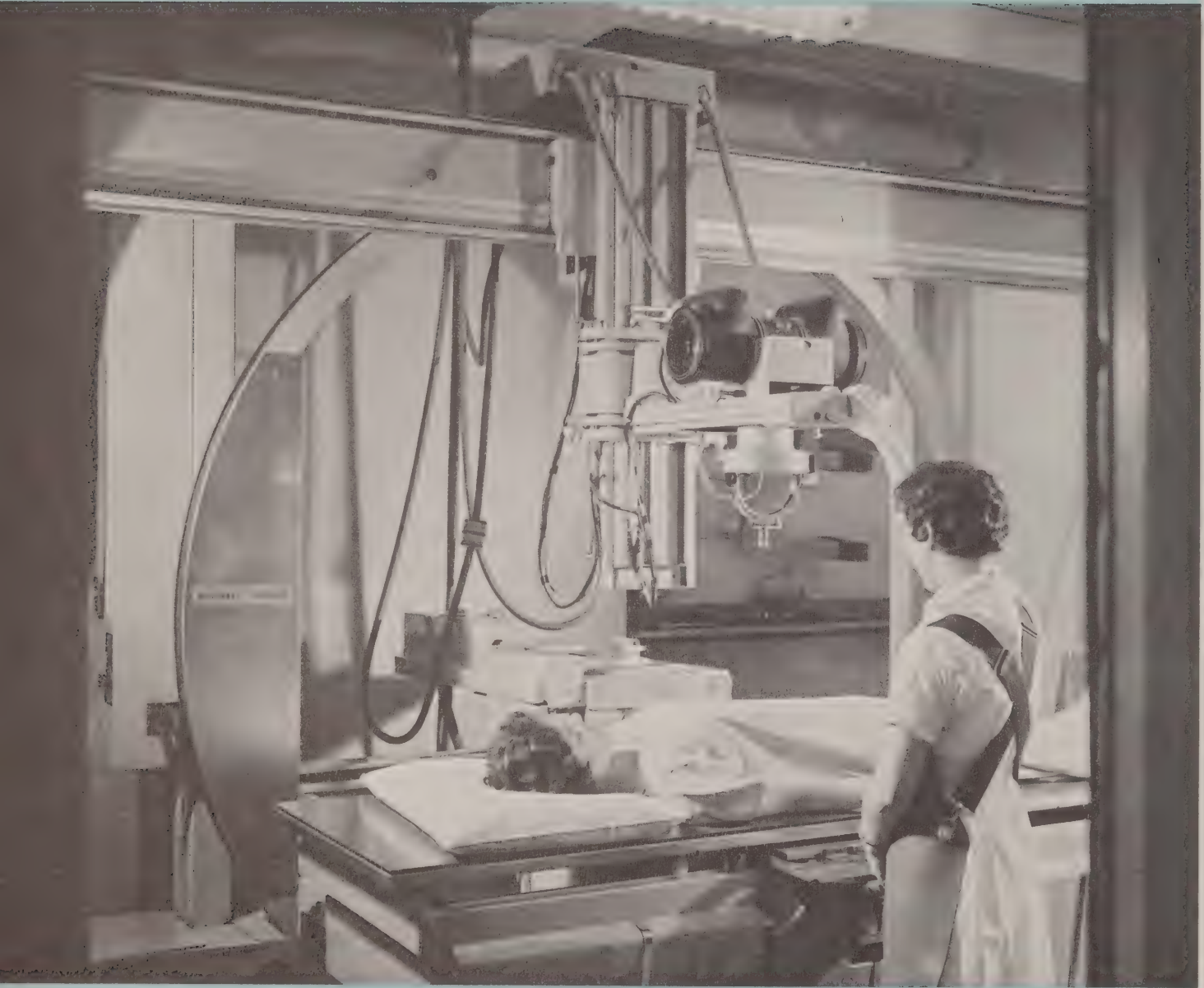


*X-ray Department . . . 300 KV X-ray Therapy*

*Residency Program . . . Working in Pathology Laboratory*







*Diagnostic X-ray Machine*





*Chemistry Laboratory . . . Determining Carbon Dioxide Content in Blood Sample*

stocked, convenient and attractive library is under the direction of a full-time medical librarian and a library advisory committee made up of representative members of the staff.

Research activities continue in many fields at the hospital. At the Cancer Research Institute the current emphasis is on problems bearing on the natural history of cancer and the role of ionizing radiation as a cancer-producing and a cancer-curative agent. The completion and dedication of a new floor during the past year has provided much needed space for additional research laboratories and animal quarters at the Institute. The Baker Clinical Research Laboratory has made outstanding contributions in the measurement of insulin in the blood and in studies concerned with the action of insulin in various tissues. Every foot of space in this laboratory is utilized to the full by the eight research physicians and their laboratory assistants.

The Cardio-Pulmonary Laboratory, which is concerned primarily with the evaluation of patients for heart or lung surgery, is also contributing to medical research. For example, a new type of heart pump has been developed here which greatly facilitates the carrying out of heart operations. Partly due to this pump, which is being adopted by hospitals throughout the world, there has been a notable increase in the number of such operations at the Deaconess Hospital during the past year. In addition to heart operations, there is a continual increase in truly major surgical procedures of all types, necessitating more complicated surgical equipment and longer hours in the operating room.

The addition of new equipment, such as pacemakers (monitors for the heart) and respiratory assistors for the lung, allows the anesthesiologists to guard still further against complications during all types of surgery and allows major operative pro-



cedures to be carried out on dangerously sick patients with less risk.

The constant increase in the number of patients with diabetes throughout the country brings to the Deaconess Hospital patients who require instruction in treatment, re-education for a fresh start, and especially the management of severe complications, which often require the assistance of surgeons, neurologists and ophthalmologists. The success of the 40-patient Hospital Teaching Unit has exceeded expectations. This division of the hospital is for diabetic patients who have no severe complications and are able to go to classrooms, laboratories and the cafeteria on the same floor for their meals, during which time they receive intensive instruction regarding the importance of a properly planned diet as the foundation of all treatment of diabetes.

Among the more important of the newer drugs are those used orally as a replacement for insulin, those used for the treatment of cancer and the "antibiotics"

used to combat infection. The various medical services of the hospital, often working cooperatively, have taken the leadership in the studies on the use of many such drugs to determine not only the potential good effects, but also possible side-effects which might be harmful. This field is one of the most exciting and complicated areas of modern medicine. The ability of the staff to incorporate it into its medical practice at the Deaconess is evidenced, in part, by the fact that in spite of the complicated cases that are likely to be seen in this hospital, the average hospital stay per patient is only ten days. Such a short hospitalization can be accomplished only by the intensive use of modern medical facilities in every respect. It is obvious that the cooperation not only of the various branches of the medical staff but also of the administration and nursing services has been and continues to be of utmost importance in providing the highest quality of medical care to the Deaconess patient.



*Modern Medicine . . . Nuclear Accident Case*





*Hospital Teaching Unit — Instructing Diabetic Patients at Lunch Time*





# Let's Compare

## HOSPITALS and HOTELS



*Cooking for Patients with Dietary Problems*



Our average daily charge for hospital service is **\$27.35**.

*Of this total —*

Only **\$3.71** is for hotel services — room and board, housekeeping, laundry, heat, light, maintenance, and repairs.

Only **\$6.65** is for the cost of three specially prepared meals and in-between-meal nourishments, served to the patient in his room.

The balance of **\$16.99** is for *PROFESSIONAL SERVICES* essential to patient care, and includes nurses' and residents' salaries, routine drugs and medications, medical records, etc.

What hotel can provide a room for \$3.71?

What hotel would serve you three specially prepared meals in your room and in-between-meal nourishments for \$6.65 a day?

**THERE IS NO COMPARISON!**







*Gilbert Horrax  
Memorial Medical Library*

*Friends of the Deaconess Coffee Shop*



## REPORT OF THE FRIENDS

TOTAL receipts for the year amounted to \$24,451, and since we had a balance at the beginning of the year we were able to give the hospital \$26,923. After this deduction, a balance of \$1,998 remained in the Brookline Trust Company. Our depreciation fund has also increased each month.

A major source of income has been the Coffee Shop. In five years and four months of operation the shop has realized a gross income of \$190,048, clearing better than 28 per cent of this amount.

Membership in the Friends stands at 550. Dues, life memberships and gifts from the members have netted the hospital \$2,890. There are many Volunteers who we hope will want to become members eventually. Mrs. Sheldon E. Wardwell continues to write to the Women's Societies of the Methodist Churches who have long been sending money to the hospital for nursing scholarships. This past year the gifts amounted to \$670.50.

The Flower Shop adds a cheerful note to the lobby. Mrs. George McClellan keeps small attractive arrangements in the new flower chest for both hospital gifts and home use. The display chest has increased sales \$100 a month. Receipts totalled \$3,981, of which 20 per cent profit — \$819 — has been contributed to the hospital.

The Gift Shop is another area of the lobby of interest to visitors and helpful to hospital personnel. Under the direction of Mrs. Charles A. Lamb, the shop has given the hospital \$8,200 during its five years of existence. This year, \$1,900 was donated from the proceeds.

The Thrift Shop, now open three days a week, is an extraordinary activity in the hospital. Expenses for the year were only

\$3.10, and yet Mrs. Lewis M. Hurxthal and Mrs. Magnus I. Smedal with 11 volunteers raised \$5,115 for the hospital. Mrs. Richard B. Cattell helped the cause greatly by holding a "Bundle Tea" in her home.

The surgical dressing group still has five members. They were left with little activity when it became the practice to have dressings made mechanically, but their enthusiasm has been renewed with assignment of the production of intricate sponges.

Night service has been established in the Coffee Shop from 10 P.M. to 4 A.M. Meal checks for the student nurses have been assumed by the Friends as a gift to the hospital of about \$100 a month.

Diversional Therapy now has two groups functioning for ambulatory or disturbed patients. Miss Amelia Peabody organized a new group in Norwich House last January as a Red Cross program. Mrs. Clarence Jepson, with three workers on Thursdays and one on Fridays, provides new interests for eight to ten patients by teaching them crafts. They learn to work with pottery, leather, shells, etc. The Red Cross donated \$350 for supplies.

In the main hospital Mrs. C. Cabell Bailey, Mrs. Basil C. Gray and Mrs. George Dempsey have 27 workers who have visited and instructed some 200 patients.

The Board of the Friends held open house in the lobby of Central Building for the second year the Sunday before Christmas. Mrs. William D. Ireland and Mrs. Robert Wood Coe served as hostesses and most of the board assisted. Attendance was more than 500.

Deaconess night at the Pops was, as



usual, almost a family event. Although Symphony Hall raised the price of tickets this year, we took in \$1,430 of which \$571 came from gifts.

Mrs. Warren F. Cook, director of volunteers, deserves warm acclaim for the way she worked into a difficult and seemingly thankless task — that of keeping 23 departments in the hospital assisted by volunteers at all times of the year. The Friends, together with the junior and senior volunteers, donated 25,200 hours — an increase of 1700 hours more than the previous year.

The need for an Executive Board has been felt by the Friends for some time and was therefore organized last November. It is composed of officers and two members at large. Their function is to discuss and submit recommendations to the directors at their monthly meetings.

In closing we suggest that since it is by faith we are justified, we continue to find the courage to attempt that which is beyond one's own unaided strength in the happy certainty of glorious things to be accomplished for the hospital in the future.



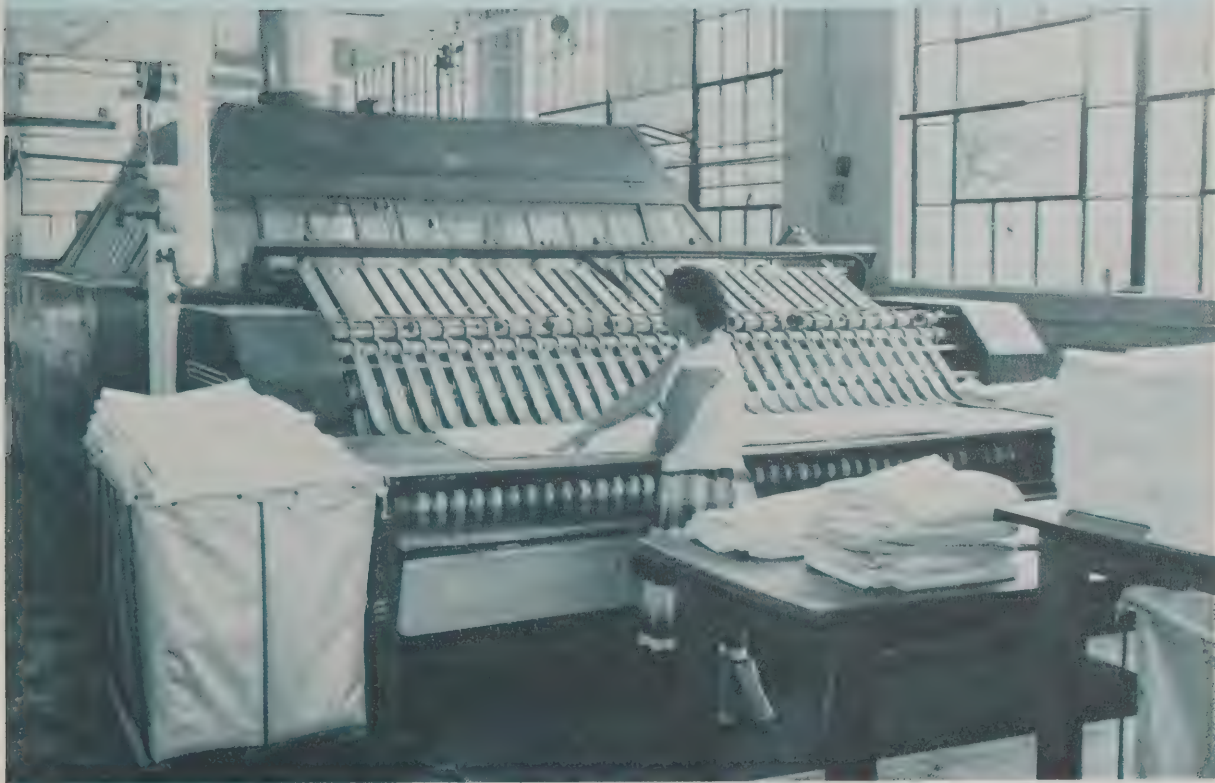
*Volunteer Visits Patient with Book Cart*





*New and Busy Maintenance Shops*

*Modern Equipment in Expanded Laundry*





*Chairman of the Board*

*President*

*Vice Presidents*

*Treasurer*

*Assistant Treasurer*

*Clerk*

**OFFICERS  
of the  
CORPORATION**

BISHOP JOHN WESLEY LORD  
581 Boylston Street, Boston, Massachusetts

FRANCIS W. CAPPER  
Boston Safe Deposit & Trust Company  
100 Franklin Street, Boston, Massachusetts

HOWARD D. BREWER  
67 Union Street, Worcester, Massachusetts

LESTER C. PEABODY  
299 Atlantic Avenue, Boston, Massachusetts

HENRY S. ROGERSON  
50 Federal Street, Boston, Massachusetts

LAURENS MACLURE  
Boston Safe Deposit & Trust Company  
100 Franklin Street, Boston, Massachusetts

VINCENT P. CLARKE  
27 State Street, Boston, Massachusetts

*Chairman*

**EXECUTIVE  
COMMITTEE  
of TRUSTEES**

*Staff Representative*

FRANCIS W. CAPPER  
JOHN BARNARD  
VINCENT P. CLARKE  
JOHN WESLEY LORD  
THEODORE F. KOCH  
MRS. EUGENE MATHER  
JAMES T. MOUNTZ  
LESTER C. PEABODY  
HENRY S. ROGERSON  
LAURENS MACLURE  
WILLIAM B. SNOW  
RICHARD B. CATTELL, M.D.

**ADMINISTRATION**

*Executive Director*  
*Associate Director*  
*Night Administrator*  
*Personnel Director*  
*Director of Volunteer Service*  
*Laundry Manager*  
*Purchasing Agent*  
*Director of Nursing*  
*Social Service Director*  
*Comptroller*  
*Public Relations Director*  
*Credit Manager*  
*Executive Housekeeper*  
*Director of Surgeries*  
*Director of Engineering*  
*Chaplain to the Hospital*  
*Chief Pharmacist*  
*Chief Medical Records Librarian*  
*Administrative Assistant*  
*Office Manager*  
*Chief Dietitian*

ROBERT D. LOWRY  
WESLEY D. SPRAGUE  
BEATRICE C. SPARGO  
ELLEN ADAMS  
KATHERINE C. COOK  
WALTER C. EMERY  
W. CLIFFORD FISHER  
ELLEN D. HOWLAND  
GERTRUDE S. JAMESON  
RICHARD E. LEE  
EDWARD G. MCGRATH  
MILTON B. NELSON  
HILDA T. PEACOCK  
RUTH E. PENDLETON  
DONALD L. SABINE  
RUDOLPH L. SAMUELSON  
CHARLES F. SCHRAUB  
E. LOUISE SEYMOUR  
JOHN F. SLAYTON  
BERTINA TERKELSEN  
EFFIE MAY WINGER





## The TREASURER'S REPORT

THE New England Deaconess Hospital's expense budget for this past year was approximately 5½ million dollars, the largest in the history of the hospital. The fact that we were able to end the year without a deficit (before depreciation) demonstrates the close control we have on all expenditures.

We are in a current position in our accounts payable and are taking cash discounts of about one thousand dollars a month. Billings to patients increased \$325,000 over the previous year, but accounts receivable from patients decreased \$28,000 during the same period. Our new method of financing patients' accounts through a bank has been of great assist-

ance to our patients and the hospital.

Endowment funds increased approximately \$200,000 and now have a book value of \$2,250,000. These funds have a market value of \$3,250,000. The hospital's total assets are now \$11,700,000, an increase of \$400,000 over last year.

We are in a competitive market for personnel, and the cost of food, medical supplies and equipment continues to increase. Despite improvements in our accounts payable and accounts receivable, the greatest problem still facing us is to build a stronger cash position.

Every expenditure is being carefully controlled in an effort to stem the rising cost of hospitalization.

A handwritten signature in blue ink, reading "Henry S. Rogerson". The signature is fluid and cursive, with a large initial "H" and "R".

HENRY S. ROGERSON  
*Treasurer*





# NEW ENGLAND DEACONESS

For the Years Ended September

## ASSETS

September 30  
1959

September 30  
1958

### GENERAL FUND

|                                                                       |                   |                   |
|-----------------------------------------------------------------------|-------------------|-------------------|
| Current Assets:                                                       |                   |                   |
| Cash . . . . .                                                        | \$ 152,161.91     | \$ (15,964.16)    |
| Securities at value when received . . . . .                           | 47,613.25         | 50,676.65         |
| Accounts receivable less reserve for uncollectible accounts . . . . . | 386,123.24        | 458,298.40        |
| Inventories of supplies . . . . .                                     | 200,741.13        | 169,359.83        |
| Prepaid expenses . . . . .                                            | 17,631.93         | 15,253.07         |
| Total current assets . . . . .                                        | 804,271.46        | 677,623.79        |
| Deferred charges . . . . .                                            |                   | 13,174.12         |
| Due from other funds . . . . .                                        | 69,523.61         | 12,903.40         |
|                                                                       | <u>873,795.07</u> | <u>703,701.31</u> |

### TEMPORARY FUNDS

|                                                                                     |                   |                   |
|-------------------------------------------------------------------------------------|-------------------|-------------------|
| Cash and securities — gifts, bequests, and reserves for special purposes* . . . . . | 201,250.01        | 149,916.22        |
| Amortization and depreciation fund:                                                 |                   |                   |
| Cash and securities . . . . .                                                       | 53,335.28         | 81,438.99         |
| Due from general fund . . . . .                                                     |                   | 41,552.73         |
|                                                                                     | <u>53,335.28</u>  | <u>122,991.72</u> |
|                                                                                     | <u>254,585.29</u> | <u>272,907.94</u> |

### ENDOWMENT AND OTHER FUNDS PRESENTLY HELD AS ENDOWMENT

|                                                    |              |              |
|----------------------------------------------------|--------------|--------------|
| Investments and cash awaiting investment . . . . . | 2,276,301.93 | 2,087,496.08 |
|----------------------------------------------------|--------------|--------------|

### BUILDING AND EQUIPMENT FUNDS

|                                         |                        |                        |
|-----------------------------------------|------------------------|------------------------|
| Land, buildings and equipment . . . . . | 8,244,636.56           | 7,754,067.48           |
| Cash and securities . . . . .           | 36,869.44              | 209,787.74             |
|                                         | <u>8,281,506.00</u>    | <u>7,963,855.22</u>    |
|                                         | <u>\$11,686,188.29</u> | <u>\$11,027,960.55</u> |

\*September 30, 1958 includes \$15,964.16 loaned to general fund.

NOTE: September 30, 1959 contingent liability on notes receivable discounted \$14,687.72.



# HOSPITAL · BALANCE SHEET

30, 1959 and September 30, 1958

## LIABILITIES

|                                                                                 | September 30<br>1959   | September 30<br>1958   |
|---------------------------------------------------------------------------------|------------------------|------------------------|
| <b>GENERAL FUND</b>                                                             |                        |                        |
| Current liabilities:                                                            |                        |                        |
| Accounts payable and accrued expenses including<br>withheld taxes . . . . .     | \$ 377,871.22          | \$ 393,031.06          |
| Payments on mortgages due within one year . . . .                               | 12,000.00              | 12,000.00              |
| Notes payable . . . . .                                                         | 45,000.00              |                        |
| Total current liabilities . . . . .                                             | 434,871.22             | 405,031.06             |
| Due to amortization and depreciation fund . . . . .                             |                        | 41,552.73              |
| General fund . . . . .                                                          | 438,923.85             | 257,117.52             |
|                                                                                 | <u>873,795.07</u>      | <u>703,701.31</u>      |
| <b>TEMPORARY FUNDS</b>                                                          |                        |                        |
| Gifts, bequests, and reserves for special purposes . . .                        | 201,250.01             | 149,916.22             |
| Amortization and depreciation fund:                                             |                        |                        |
| Balance of fund . . . . .                                                       | 52,884.65              | 122,991.72             |
| Due to general fund . . . . .                                                   | 450.63                 |                        |
|                                                                                 | 53,335.28              | 122,991.72             |
|                                                                                 | <u>254,585.29</u>      | <u>272,907.94</u>      |
| <b>ENDOWMENT AND OTHER FUNDS<br/>PRESENTLY HELD AS ENDOWMENT</b>                |                        |                        |
| Funds . . . . .                                                                 | <u>2,276,301.93</u>    | <u>2,087,496.08</u>    |
| <b>BUILDING AND EQUIPMENT FUNDS</b>                                             |                        |                        |
| Building and equipment funds . . . . .                                          | 5,836,447.53           | 5,672,594.76           |
| Provision for depreciation of hospital building and<br>equipment . . . . .      | 980,984.56             | 871,356.13             |
| Mortgages payable except amount shown in current<br>liabilities above . . . . . | 1,395,000.93           | 1,407,000.93           |
| Due to general fund . . . . .                                                   | 69,072.98              | 12,903.40              |
|                                                                                 | <u>8,281,506.00</u>    | <u>7,963,855.22</u>    |
|                                                                                 | <u>\$11,686,188.29</u> | <u>\$11,027,960.55</u> |



# NEW ENGLAND DEACONESS HOSPITAL

## INCOME STATEMENT

For the Years Ended September 30, 1959 and September 30, 1958

|                                                                                                               | 1959                                    | 1958                                   |
|---------------------------------------------------------------------------------------------------------------|-----------------------------------------|----------------------------------------|
| Hospital net income . . . . .                                                                                 | \$4,706,008.53                          | \$4,336,220.12                         |
| Operating expenses:                                                                                           |                                         |                                        |
| Administration and general . . . . .                                                                          | 624,756.83                              | 577,223.30                             |
| Household and property . . . . .                                                                              | 1,478,437.44                            | 1,487,178.80                           |
| General professional care . . . . .                                                                           | 1,274,689.38                            | 1,152,377.11                           |
| Special professional care . . . . .                                                                           | 1,456,114.64                            | 1,274,173.64                           |
| Out-patient department . . . . .                                                                              | 8,451.51                                | 7,635.04                               |
| Pensions and annuities . . . . .                                                                              | 6,734.82                                | 15,523.20                              |
|                                                                                                               | <u>4,849,184.62</u>                     | <u>4,514,111.09</u>                    |
| Surplus from operations . . . . .                                                                             | <u>(143,176.09)</u>                     | <u>(177,890.97)</u>                    |
| Add other income:                                                                                             |                                         |                                        |
| Endowment income . . . . .                                                                                    | 140,276.97                              | 125,378.93                             |
| Trustees of the Consumptives' Home . . . . .                                                                  | 6,462.79                                | 6,816.31                               |
| Donations . . . . .                                                                                           | 97,595.75                               | 81,787.58                              |
| Other income . . . . .                                                                                        | 14,814.55                               | 15,933.38                              |
|                                                                                                               | <u>259,150.06</u>                       | <u>229,916.20</u>                      |
|                                                                                                               | 115,973.97                              | 52,025.23                              |
| Deduct interest . . . . .                                                                                     | <u>58,027.90</u>                        | <u>56,434.33</u>                       |
| Surplus before provision for depreciation, obsolescences,<br>and construction . . . . .                       | 57,946.07                               | (4,409.10)                             |
| Set aside for amortization, depreciation, obsolescence,<br>construction and mortgage reduction . . . . .      | <u>133,768.77</u><br><u>(75,822.70)</u> | <u>36,876.03</u><br><u>(41,285.13)</u> |
| Provision for depreciation of hospital buildings and<br>equipment, less equipment chargeable thereagainst . . | <u>109,628.43</u>                       | <u>90,621.67</u>                       |
| Balance of income added to general fund . . . . .                                                             | <u>\$ (185,451.13)</u>                  | <u>\$ (131,906.80)</u>                 |



# NEW ENGLAND DEACONESS HOSPITAL

## GENERAL FUND ACCOUNT

For the Years Ended September 30, 1959 and September 30, 1958

|                                                                                                            | 1959                | 1958                |
|------------------------------------------------------------------------------------------------------------|---------------------|---------------------|
| Balance, beginning of year . . . . .                                                                       | \$257,117.52        | \$193,573.36        |
| Add:                                                                                                       |                     |                     |
| Unrestricted legacies . . . . .                                                                            | 262,789.67          | 97,137.05           |
| Trustees of the Consumptives' Home — unrestricted legacy                                                   |                     | 50,000.00           |
| Transfer from building and equipment funds — depreciation less equipment chargeable thereagainst . . . . . | 109,628.43          | 90,621.67           |
| Gain on sale general fund securities . . . . .                                                             | 183.25              |                     |
|                                                                                                            | <u>629,718.87</u>   | <u>431,332.08</u>   |
| Deduct:                                                                                                    |                     |                     |
| Transferred to building and equipment funds . . . . .                                                      | 5,343.89            | 41,285.57           |
| Loss on sale general fund securities . . . . .                                                             |                     | 1,022.19            |
| Deficit for the year (see previous page) . . . . .                                                         | 185,451.13          | 131,906.80          |
|                                                                                                            | <u>190,795.02</u>   | <u>174,214.56</u>   |
| Balance, end of year . . . . .                                                                             | <u>\$438,923.85</u> | <u>\$257,117.52</u> |

## STATEMENT BY ACCOUNTANT

Executive Committee  
New England Deaconess Hospital  
Boston, Massachusetts

I have examined the balance sheet of New England Deaconess Hospital as at September 30, 1959, the income statement and the analysis of general fund for the year then ended. The examination was made in accordance with generally accepted auditing standards and accordingly included such tests of the accounting records and such other auditing procedures as were considered necessary in the circumstances.

In my opinion, the aforementioned statements present fairly the financial position of New England Deaconess Hospital as at September 30, 1959, and the results of its operations for the year then ended, on a basis consistent with that of the preceding year.

Boston, Massachusetts  
January 13, 1960

(Signed)  
WEBSTER McCANN



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